Mass General Brigham
Health Plan

Pulmonary Hypertension
Uptravi (selexipag)
Effective 06/01/2025

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Notes	Uptravi (selexipag) is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria. Additional agents from this class are available through the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview
Uptravi (selexipag) is indicated for the treatment of pulmonary arterial hypertension (PAH, WHO Group I) to delay disease progression and reduce the risk of hospitalization for PAH.

Drug Class	Drug	Mechanism(s) of Action	NYHA Class Indication	Route of Administration
Prostacyclin receptor agonist	Uptravi (selexipag)	• Direct vasodilation of pulmonary and systemic arterial vascular beds • Inhibition of platelet aggregation	II to III	IV or PO

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of PAH
2. Prescriber is a pulmonologist or cardiologist, or consult notes from a pulmonologist or cardiologist are provided regarding the diagnosis
3. Twice daily dosing was prescribed
4. If the request is for Uptravi (selexipag) vial, **BOTH** of the following:

a. Member is stabilized on Uptravi (selexipag) tablets
b. Member is temporarily unable to take oral medications

Continuation of Therapy

Reauthorization requires physician documentation of continuation of therapy for members who are experiencing benefit from therapy as evidenced by disease stability or disease improvement.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. McLaughlin VV, Archer SL, Badesch DB, Barst RJ, Farber HW, Lindner JR, et al. ACCF/AHA 2009 expert consensus document on pulmonary hypertension: a report of the American College of Cardiology Foundation Task Force on Expert Consensus Documents and the American Heart Association: developed in collaboration with the American College of Chest Physicians, American Thoracic Society, Inc., and the Pulmonary Hypertension Association. Circulation. 2009 Apr 28;119(16):2250-94.
2. Klinger JR, Elliott CG, Levine DJ, Bossone E, Duvall L, Fagan K, et al. Therapy for Pulmonary Arterial Hypertension in Adults Update of the CHEST Guideline and Expert Panel Report. Chest. 2019 Mar; 155(3): 565-586.
3. Galiè N, Humbert M, Vachiery JL, Gibbs S, Lang I, Torbicki A, et al. 2015 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension: The Joint Task Force for the Diagnosis and Treatment of Pulmonary Hypertension of the European Society of Cardiology (ESC) and the European Respiratory Society (ERS), endorsed by Association for European Paediatric and Congenital Cardiology (AEPC), International Society for Heart and Lung Transplantation (ISHLT). European Heart Journal. Aug 29, 2015.
4. Hopkins W, Rubin LJ. Treatment of pulmonary arterial hypertension (group 1) in adults: Pulmonary hypertension-specific therapy. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 Oct 14]. Available from: http://www.utdol.com/utd/index.do.
5. Uptravi® [package insert]. San Francisco (CA): Actelion; 2024 Jul [cited 2021 Oct 14]. Available from: https://www.janssenlabels.com/package-insert/product-monograph/prescribing-information/UPTRAVI-pi.pdf

Review History

11/16/22 – Switched to custom criteria. Matched MH. Effective 2/1/23.
5/15/25 – Reviewed and updated for P&T. Updated header to have medical criteria remain while redirecting pharmacy criteria to MHDL. Updated references. Effective 6/1/25